



Recreation and Parks Department  
REFUND REQUEST

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Program/Facility Information**

(A \$10 Administration fee will be assessed for all refund requests except program cancellations by R&P)

Refund Request for (program/facility): \_\_\_\_\_

Instructor (if applicable): \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Form of Payment: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office use only**

Processed by (staff): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date